

FEE TRANSMITTAL for FY 2000

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$) **1,058.00**

Complete if Known

| | |
|----------------------|-------------------|
| Application Number | |
| Filing Date | October 24, 2001 |
| First Named Inventor | Michael W. Morrow |
| Examiner Name | |
| Group/Art Unit | |
| Attorney Docket No. | 42390P12943 |

997 U.S. PTO
 10/027978
 10/24/01

METHOD OF PAYMENT (check one)

1. ☒ The Commissioner is hereby authorized to credit any overpayments to:
- Deposit Account Number: **02-2666**
- Deposit Account Name: **Blakely, Sokoloff, Taylor & Zafman LLP**
- ☒ Charge Any Additional Fee(s) Required Under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.
- ☐ Applicant claims small entity status. See 37 CFR 1.27.

2. ☒ **Payment Enclosed:**
- ☒ Check ☐ Credit card ☐ Money Order ☐ Other

FEE CALCULATION

1. BASIC FILING FEE

| Large Entity | | Small Entity | | Fee Description | Fee Paid |
|---------------------|----------|--------------|----------|------------------------|---------------|
| Fee Code | Fee (\$) | Fee Code | Fee (\$) | | |
| 101 | 740 | 201 | 370 | Utility filing fee | 740.00 |
| 106 | 330 | 206 | 165 | Design filing fee | |
| 107 | 510 | 207 | 255 | Plant filing fee | |
| 108 | 740 | 208 | 370 | Reissue filing fee | |
| 114 | 160 | 214 | 80 | Provisional filing fee | |
| SUBTOTAL (1) | | | | | 740.00 |

2. EXTRA CLAIM FEES

| Total Claims | Extra Claims | Fee from below | |
|--------------------|--------------|----------------|------------|
| 33 | 20** = 13 | 18.00 | = \$234.00 |
| Independent Claims | 4 - 3** = 1 | 84.00 | = \$84.00 |
| Multiple Dependent | | | |

**or number previously paid, if greater, For Reissues, see below

| Large Entity | | Small Entity | | Fee Description |
|--------------|----------|--------------|----------|---|
| Fee Code | Fee (\$) | Fee Code | Fee (\$) | |
| 103 | 18 | 203 | 9 | Claims in excess of 20 |
| 102 | 84 | 202 | 42 | Independent claims in excess of 3 |
| 104 | 260 | 204 | 140 | Multiple Dependent claim, if not paid |
| 109 | 84 | 209 | 42 | **Reissue independent claims over original patent |
| 110 | 18 | 210 | 9 | **Reissue claims in excess of 20 and over original patent |

FEE CALCULATION (continued)

3. ADDITIONAL FEE

| Large Entity | | Small Entity | | Fee Description | Fee Paid |
|--------------|----------|--------------|----------|--|----------|
| Fee Code | Fee (\$) | Fee Code | Fee (\$) | | |
| 105 | 130 | 205 | 65 | Surcharge - late filing fee or oath | |
| 127 | 50 | 227 | 25 | Surcharge - late provisional filing fee or cover sheet. | |
| 139 | 130 | 139 | 130 | Non-English specification | |
| 147 | 2,520 | 147 | 2,520 | For filing a request for reexamination | |
| 112 | 920* | 112 | 920* | Requesting publication of SIR prior to Examiner action | |
| 113 | 1,840* | 113 | 1,840* | Requesting publication of SIR after Examiner action | |
| 115 | 110 | 215 | 55 | Extension for response within first month | |
| 116 | 400 | 216 | 200 | Extension for response within second month | |
| 117 | 920 | 217 | 460 | Extension for response within third month | |
| 118 | 1,440 | 218 | 720 | Extension for response within fourth month | |
| 128 | 1,960 | 228 | 980 | Extension for response within fifth month | |
| 119 | 310 | 219 | 155 | Notice of Appeal | |
| 120 | 310 | 220 | 155 | Filing a brief in support of an appeal | |
| 121 | 270 | 221 | 135 | Request for oral hearing | |
| 138 | 1,510 | 138 | 1,510 | Petition to institute a public use proceeding | |
| 140 | 110 | 240 | 55 | Petition to revive - unavoidable | |
| 141 | 1,240 | 241 | 620 | Petition to revive - unintentional | |
| 142 | 1,280 | 242 | 640 | Utility issue fee (or reissue) | |
| 143 | 460 | 243 | 230 | Design issue fee | |
| 144 | 620 | 244 | 310 | Plant issue fee | |
| 122 | 130 | 122 | 130 | Petitions to the Commissioner | |
| 123 | 130 | 123 | 130 | Petitions related to provisional applications | |
| 126 | 180 | 126 | 180 | Submission of Information Disclosure Stmt | |
| 581 | 40 | 581 | 40 | Recording each patent assignment per property (times number of properties) | |
| 146 | 710 | 246 | 355 | Filing a submission after final rejection (37 CFR § 1.129(a)) | |
| 149 | 710 | 249 | 355 | For each additional invention to be examined (37 CFR § 1.129(b)) | |
| 179 | 740 | 279 | 370 | Request for Continued Examination (RCE) | |
| 169 | 900 | 169 | 900 | Request for expedited examination of a design application | |

Other fee (specify) _____
 Other fee (specify) _____

* Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$)

SUBMITTED BY

Complete (if applicable)

| | | | | | |
|-------------------|------------------------|-----------------------------------|----------|-----------|----------------|
| Name (Print/Type) | Michael A. Proksch | Registration No. (Attorney/Agent) | 43,021 | Telephone | (503) 684-6200 |
| Signature | <i>Michael Proksch</i> | Date | 10/24/01 | | |

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2039.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

10/24/01

12-28-01

A

PTO/SB/05 (11-00)

Approved for use through 10/31/2002. OMB 0851-0032

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Please type a plus sign (+) inside the box



| | | |
|---|-------------------------------|---|
| UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small> | Attorney Docket No. | 42390P12943 |
| | First Inventor | Michael W. Morrow |
| | Title | APPARATUS AND METHOD TO PERFORM ADDRESS TRANSLATION |
| | Express Mail Label No. | EL 546118058 US |

| | |
|---|--|
| APPLICATION ELEMENTS <small>See MPEP chapter 600 concerning utility patent application contents</small> | ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231 |
|---|--|

1. ☒ Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original and a duplicate for fee processing)
2. ☐ Applicant claims small entity status.
See 37 CFR 1.27.
3. ☒ Specification [Total Pages 18]
(preferred arrangement set forth below)
 - Descriptive title of the Invention
 - Cross References to Related Applications
 - Statement Regarding Fed sponsored R & D
 - Reference to sequence listing, a table, or a computer program listing appendix
 - Background of the Invention
 - Brief Summary of the Invention
 - Brief Description of the Drawings (if filed)
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure
4. ☒ Drawing(s) (35 U.S.C. 113) [Total Sheets 2]
5. Oath or Declaration [Total Pages 3]
 - a. ☐ Newly executed (original or copy)
 - b. ☐ Copy from a prior application (37 C.F.R. § 1.63(d))
(for continuation/divisional with Box 18 completed)
 - i. ☐ **DELETION OF INVENTOR(S)**
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).
 - c. ☒ Unsigned
6. ☐ Application Data Sheet. See 37 CFR 1.76

7. ☐ CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
 - a. ☐ Computer Readable Form (CRF)
 - b. Specification Sequence Listing on:
 - i. ☐ CD-ROM or CD-R (2 copies); or
 - ii. ☐ paper
 - c. ☐ Statements verifying identity of above copies

| | |
|---|---|
| ACCOMPANYING APPLICATION PARTS | |
| 9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) | |
| 10. <input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement <input type="checkbox"/> Power of Attorney <small>(when there is an assignee)</small> | |
| 11. <input type="checkbox"/> English Translation Document (if applicable) | |
| 12. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 | <input checked="" type="checkbox"/> Copies of IDS Citations |
| 13. <input type="checkbox"/> Preliminary Amendment | |
| 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <small>(Should be specifically itemized)</small> | |
| 15. <input type="checkbox"/> Certified Copy of Priority Document(s) <small>(if foreign priority is claimed)</small> | |
| 16. <input type="checkbox"/> Request and Certification under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. | |
| 17. <input type="checkbox"/> Other: | |

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No: _____

Prior application Information: Examiner _____ Group/Art Unit: _____

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

| | |
|---|--|
| 18. CORRESPONDENCE ADDRESS | |
| <input checked="" type="checkbox"/> Customer Number of Bar Code Label | <div style="text-align: center;"> 08791 PATENT TRADEMARK OFFICE <small>(Insert Customer No. or Attach bar code label here)</small></div> |
| or <input type="checkbox"/> Correspondence address below | |

| | | | |
|------------------|--|-----------------|--|
| Name | | | |
| Address | | | |
| City | | State | |
| Country | | Zip Code | |
| Telephone | | Fax | |

| | | | |
|--------------------------|--------------------|--|----------|
| Name (Print/Type) | Michael A. Proksch | Registration No. (Attorney/Agent) | 43,021 |
| Signature | | Date | 10/24/01 |

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

10/27/01
10/24/01
U.S. PTO